

CLAIMS ONLY	SERIAL NO. _____ FILING DATE _____	APPLICANT(S) _____
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CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	8					
TOTAL DEP.	13					
TOTAL CLAIMS	13					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

A Appeal
O Objected

Claim		Date
Final	Original	
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Claim		Date	
Final	Original		
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Claim		Date
Final	Original	
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**If more than 150 claims or 10 actions
staple additional sheet here**